

PPCR/PPDR Program  
(Appendix A)  
Data Element Dictionary  
User Manual Format

Virginia Department of Health  
Office of Emergency Medical Services  
P.O. Box 2448  
Richmond, Virginia 23219  
(804)864-7600  
[www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems)

The Office of Emergency Medical Services (OEMS) is required by the *Code of Virginia 32.1-116*) to collect a minimum data set of each Emergency Medical Services (EMS) responses in Virginia. The collection of uniform data is essential for the evaluation of Virginia's EMS System.

The information provided by EMS Agencies is used to measure resources for the preparedness for every day delivery of EMS and large scale EMS events, to assure the highest level of prehospital care is being provided to the citizens of the Commonwealth. Data submitted helps to guide trends in patient care by proving which interventions are affecting patient outcomes and which patient populations need additional skills and treatments added.

Well documented, accurate data can assist in agency decision making for training, equipment and staffing needs. Combined with agencies from across the State acute data on a State level can be a tool for legislative advocacy.

The purpose of this data element dictionary is to provide the users of the PPCR/PPDR program with a definition for each item used in Virginia's patient care reporting. It is important to provide a definition for each item on the PPCR, so that each provider and their agency report the data elements the same way. Reporting the data in a consistent manor provides for strong and useful data.

The Office of EMS has been charged with the responsibility of collecting this data by the legislature through the *Code of Virginia*. The 2004 Joint Legislative Audit and Review Commission (JLARC) <http://jlarc.state.va.us/>. Review of Emergency Medical Services in Virginia and The Use and Financing of Trauma Centers in Virginia identified the Office of EMS as needing to enforce the compliance of PPCR data submission. Identifying the importance of data in system evaluation.

EMS Agencies should assist with the development of our Emergency Medical Services in Virginia by submitting complete, correct and factual data. Agencies should consider that the data they are submitting is evaluated by their licensing authority. When poor data is submitted it can reflect poor patient care or other system issues by that agency, such as extended enroute times to calls or providers that are not providing the care needed for their patients.

PPCR submissions are due quarterly at a minimum. The submission must be in the Office of EMS within 30 days from the end of the calendar year quarter. (The first quarter is January 1<sup>st</sup> - March 31<sup>st</sup>.) An agency that submits data that is incomplete may be considered non compliant with their PPCR submission requirements and vulnerable to EMS enforcement action.

It is each agencies responsibility to assure they are capable of submitting their PPCR data in the technical format prescribed by the state.

### **Virginia Office of EMS Data Element Dictionary**

Each data element is presented using the following template (see below). The Office of EMS considers it important to provide sufficient detail about each data element to justify its inclusion in the minimum data set, as well as to assist agencies seeking to implement their own data collection system. In order to provide definitions that would be consistent with nationwide data collection systems, the Evaluation Committee selected Virginia's data elements from various sources including the Uniform EMS Data Element Dictionary, the Utstein Style of data reporting, the Virginia Trauma Registry and the Virginia Trauma Triage Protocols. The Virginia minimum data set closely follows the national data set; however, there are several modifications due to Virginia's reporting needs. When a data element requires specific categories, these are listed in the data item specification ("Data Items"). The Committee recognizes that the lists included in this dictionary are imperfect, but definitions of these lists have been debated for many years without resolution. The lists included here are intended as a starting point for a uniform EMS data set that will evolve.

The dictionary format for each data element is as follows:

#

<b>Name of Data Element:</b>	Name
<b>Priority:</b>	Essential
<b>Definition:</b>	Short definition of data element.
<b>Code:</b>	Coded description of the data element values or attributes.
<b>Data Items:</b> Defined data elements - alternative descriptions of the data element values or attributes.	

**Content:** Detailed discussion of definition and content.

**Discussion and Justification:** Provide further details and justify the data element.

This document makes reference to ICD-9 codes and E849 place of occurrence codes. ICD-9 is an acronym for International Classification of Diseases, 9th Revision. ICD-9 is a system of codes designed to classify diseases and injuries for statistical purposes. While the codes themselves are not used, the categories under some of the data elements are based on the ICD-9 code groupings. E849 place of occurrence codes are specific ICD-9 codes used to identify the external cause of injury, poisoning or other adverse effects.

1.

<b>Name of Data Element:</b>	Agency Number
<b>Priority:</b>	Essential
<b>Definition:</b>	Number that identifies the agency responding to an incident.
<b>Code:</b>	Numeric or alpha/numeric entry.

**Content:** This element consists of the unique five position Office of EMS assigned agency number.

See Appendix D for a complete list of EMS Agency numbers.

**Discussion and Justification:** Identifies specific agency number. Can be used to construct reports which are specific to agencies.

2.

<b>Name of Data Element:</b>	Jurisdiction Incident Number
<b>Priority:</b>	Essential
<b>Definition:</b>	Unique number for each incident reported to dispatch.
<b>Code:</b>	Numeric or alpha/numeric entry.

**Content:** This element consists of the unique number assigned by a local jurisdiction to each EMS related incident. Code missing values in a consistent manner (zero fill if number is small e.g. 00001234).

**Discussion and Justification:** This number must be unique within an agency. By combining it with the agency number, it will be possible to construct a unique identifying number for the incident.

3.

<b>Name of Data Element:</b>	Incident Location City/Co. FIPS
<b>Priority:</b>	Essential
<b>Definition:</b>	City, town or county where patient was found or to which unit responded (or best approximation).
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> {Five digit FIPS code} Out of State	

**Content:** This field must be coded using the FIPS system, wherein each locality is encoded with a unique number. In Virginia, each FIPS number begins with '51' (i.e. Prince William County is coded as '51153'.) City, town or county FIPS codes are only unique within a state.

See Appendix C for a complete list of VA City/Co FIPS codes.

**Discussion and Justification:** Provides location of incident, which can be used to determine the appropriate level of EMS resources for specific areas, localities and regions. When used by national databases can be used to determine EMS resources on a national level.

4.

<b>Name of Data Element:</b>	Location Type
<b>Priority:</b>	Essential
<b>Definition:</b>	Type of location of incident.
<b>Code:</b>	Numeric or alpha/numeric entry.
<b>Data Items</b>	
Home / Residence	Public Building
Farm	Residential Institution
Mine or quarry	Educational Institution
Industrial place and premises	Other specified location
Place for recreation or sport	Unspecified location
Street or highway	Not Applicable
	Unknown

**Content:** This location refers to the location where the injury occurred, not necessarily the origin of the transport. Only **one** Location Type may be selected.

**Discussion and Justification:** Location type of the incident is important for epidemiologists as well as EMS planners deciding where to allocate EMS resources.

The categories in this dictionary are from ICD-9 and are E849 place of occurrence codes, with the exceptions that a category for educational institutions has been added and an unknown category is provided. The unknown category is provided so that inaccurate data is not entered into this field and **should only be used in rare circumstances**.

*Home / Residence*

Includes apartment, boarding house, farm house, home premises, residential house, non-institutional place of residence, private driveway, private garage, private garden, private home, private walkway, swimming pool within private

house or garden and yard of home. Excludes home under construction but not occupied or institutional place of residence.

*Farm*

Includes farm buildings and land under cultivation. Excludes farm house and home premises of farm.

*Mine or quarry*

Includes gravel pit, sand pit or tunnel under construction.

*Industrial place and premises*

Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse and workhouse.

*Place for recreation or sport*

Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore resorts, skating rink, sports ground, sports palace, stadium, public swimming pool, tennis court or vacation resort. Excludes occurrences in private house, private garden, private swimming pool or private yard.

*Street or highway*

Includes all public roadways.

*Public building*

Includes any building used by the general public, including airport, bank, cafe, casino, church, cinema, clubhouse, courthouse, dance hall, parking garage, hotel, market, movie theater, music hall, nightclub, office, office building, opera house, post office, public hall, broadcasting station, restaurant, commercial shop, bus or railway station, store, or theater. Excludes home garage or industrial building or workplace. Also excludes state, public, and private schools, which varies from the ICD-9 definition.

*Residential institution*

Children's home, dormitory, hospital, jail, home for elderly, orphanage, prison or reform school.

*Educational institution*

Includes state, public and private schools. Excludes playground, gymnasium and other recreational locations within educational institutions, which should be coded as place for recreation or sport.

*Other specified location*

Includes beaches, canal, caravan site, derelict house, desert, dock, forest, harbor, hill, lake, mountain, parking lot, parking place, pond or natural pool, prairie, railway line, reservoir, river, sea, seashore, stream, swamp, trailer court and woods. Excludes resorts.

*Unspecified location*

Includes any location not included in the above classification.

*Not Applicable*

To be used when there is no patient **only**.

*Unknown*

To be used when the location of incident is not known or when information cannot be accurately reconstructed from the run record.

5.

<b>Name of Data Element:</b>	Type of Service
<b>Priority:</b>	Essential
<b>Definition:</b>	Type of service requested.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> Scene Unscheduled Interfacility Transfer Scheduled Interfacility Transfer Standby Rendezvous Not Applicable Unknown	

**Content:** Used to categorize the types of service which are required, and allows planning of EMS resource allocation. Only **one** Type of Service should be selected.

*Scene*

Refers to direct response to scene of incident or injury, such as roadway, etc. This location should be the location indicated in Data Elements 1-5 in this document. This code should not be used by the second unit which receives the transfer of a patient from another EMS provider prior to arrival at a medical facility or final destination which is coded as a rendezvous.

*Unscheduled Interfacility Transfer*

Refers to transfers of patients from one facility to another facility. This code should not be used for planned or scheduled transfers, which are coded

separately. This code should not be used by the second unit involved in the transfer of a patient from one EMS provider to another provider during an unscheduled interfacility transfer, which is also coded as a rendezvous.

*Scheduled Transfer*

Refers to transfers of patients from one facility to another facility, as defined for *interfacility*. However, this code is chosen when the transfer is scheduled in advance, such as a planned morning transfer of a patient from one hospital to another.

*Standby*

Refers to situation in which EMS response unit is requested to arrive at a scene and be available, such as at a football stadium. If an incident occurs during the *standby*, the service requested becomes *scene*.

*Rendezvous*

Refers to situation in which a second EMS unit receives transfer of a patient from first EMS unit before arrival at a medical facility. Can be used when two units meet to complete the initial scene response or during an unscheduled interfacility transfer.

*Not Applicable*

Refers to situation in which EMS unit is placed in service and there **wasn't any** patient **contact what-so-ever**.

*Unknown*

Refers to situation for which the other categories do not apply **only**.

6.

<b>Name of Data Element:</b>	Incident Disposition
<b>Priority:</b>	Essential
<b>Definition:</b>	End result of EMS response.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b>	
Treated, transported by EMS	Patient refused care
Treated, transferred care	Dead at scene
Treated, transported by POV	Cancelled
Treated and released	No patient found
No treatment required	Not Applicable
	Unknown

**Discussion and Justification:** Allows reports to be generated according to the final disposition of EMS responses. This will provide information about the reasons for which EMS is notified, correlated with the ultimate incident disposition. For instance, it will be of value to know that in certain regions, EMS



is frequently activated to see patients who require no treatment or transport. Reports generated from this data element may be of use in coordinating the dispatch and responder functions as well. Only **one** Incident Disposition may be selected.

*Treated and transported by EMS*

This code should be used when an EMS provider treated and transported the patient. Transport may be to any valid destination, as defined for the destination data element. If the EMS provider transports a patient to a rendezvous point with another EMS provider (for instance, a ground crew rendezvous with a helicopter based agency), this is the correct code for this data element.

*Treated, transferred care*

This code should be used when an EMS provider rendered treatment at the scene but the patient was transferred into the care of another service. The EMS provider did not provide transport in this instance. For example, if a BLS provider is on scene and treats a patient, but a separate ALS provider arrives and takes over, the BLS record would indicate this code. If an EMS provider treats a patient who is then transported by a separate police or fire vehicle, this is the correct code for the EMS provider record.

*Treated, transported by private vehicle*

This code should be used when an EMS provider rendered treatment, but the patient was transported to his or her destination by a private vehicle. This includes instances in which the patient transports himself via private automobile, if the EMS provider understands that the patient is going to seek further medical care, such as at a private doctor's office or the local emergency department.

*Treated and released*

This code should be used when an EMS provider rendered treatment and the patient required no further emergency care. This is distinct from the instance in which the patient is known to be in need of further care, but is transported by himself or others to the facility providing further care.

*No treatment required*

This code should be used when an EMS provider evaluated the patient and no treatment was required. If the patient refused evaluation or if the EMS provider did not evaluate a specific patient, do not use this code.

*Patient refused care*

This code should be used when the patient was at the scene and refused care, whether injured or not. If the EMS provider knows that there is an injury, but the patient refuses care and is transported by friends or acquaintances, this is still the correct code for this data element.

*Dead at scene*

This code should be used when the patient was pronounced dead at the scene, whether or not treatment was undertaken. This code should also be used if the patient is given CPR and is then pronounced dead at the scene. If a patient is given CPR at the scene and transported to the hospital while undergoing CPR, do not use this code.

*Cancelled*

This code should be used when the EMS response was cancelled en route or on scene.

*No patient found*

This code should be used if the unit arrives on scene, but no patient can be found by the EMS provider or there is no patient contact.

*Not Applicable*

This code should be used when a disposition is Not Applicable. For instance, if the unit is on standby and no incident occurs, then this data element is Not Applicable. In this instance, the data element "Type of Service" will have been coded as 4 Standby. **For all standby records, this data element should be coded as Not Applicable.**

*Unknown*

This code should be used in situations for which the other categories do not apply or when information cannot be accurately reconstructed from the run record.

7.

<b>Name of Data Element:</b>	Attendant in Charge
<b>Priority:</b>	Essential
<b>Definition:</b>	Virginia's certification level of crew member.
<b>Code:</b>	Alpha entry.
<b>Data Items:</b>	
First Responder	Paramedic
EMT	Nurse
Shock Trauma	Physician
Enhanced EMT	Other health care professional
Cardiac Tech	Not Applicable
Intermediate	Unknown

**Content:** This data element permits assessing the level of care which was available on the EMS team. **Only Virginia certifications held are applicable.**

*NA Not Applicable*

This code indicates there was only a driver on the unit responding to meet personnel on the scene, but unit was cancelled prior to arrival.

8.

<b>Name of Data Element:</b>	Attendant 1
<b>Priority:</b>	Essential
<b>Definition:</b>	Virginia's certification level of crew member.
<b>Code:</b>	Alpha entry.
<b>Data Items:</b>	
First Responder	Paramedic
EMT	Nurse
Shock Trauma	Physician
Enhanced EMT	Other health care professional
Cardiac Tech	Not Applicable
Intermediate	Unknown

**Content:** This data element permits assessing the level of care which was available on the EMS team. **Only Virginia certifications held are applicable.**

*Not Applicable*

This code indicates the actual number of providers in the ambulance was less than three or second attendant is non-EMS certified.

9.

<b>Name of Data Element:</b>	Attendant 2
<b>Priority:</b>	Essential
<b>Definition:</b>	Virginia's certification level of crew member.
<b>Code:</b>	Alpha entry.
<b>Data Items:</b>	
First Responder	Paramedic
EMT	Nurse
Shock Trauma	Physician
Enhanced EMT	Other health care professional
Cardiac Tech	Not Applicable
Intermediate	Unknown

**Content:** This data element permits assessing the level of care which was available on the EMS team. **Only Virginia certifications held are applicable.**

*Not Applicable*

This code indicates the actual number of providers in the ambulance was less than three, second attendant is non-EMS certified or there is no additional attendant.

10.

<b>Name of Data Element:</b>	Operator
<b>Priority:</b>	Essential
<b>Definition:</b>	Virginia's certification level of crew member.
<b>Code:</b>	Alpha entry.
<b>Data Items:</b>	
First Responder	Paramedic
EMT	Nurse
Shock Trauma	Physician
Enhanced EMT	Other health care professional
Cardiac Tech	Not Applicable
Intermediate	Unknown

**Content:** This data element permits assessing the level of care which was available on the EMS team. **Only Virginia certifications held are applicable.**

*Not Applicable*

This code includes but is not limited to non-EMS certified drivers.

11.

<b>Name of Data Element:</b>	Date Incident Reported
<b>Priority:</b>	Essential
<b>Definition:</b>	Date the call is first received by a public safety answering point (PSAP) or other designated entity.
<b>Code:</b>	Date format should be coded as <b>MMDDYYYY</b> .

**Content:** For month and day, use leading zeros if necessary to pad the fields to two characters each.

**Discussion and Justification:** Used in conjunction with "Time of Call" to assess the duration between onset of a medical emergency and receipt of a request for EMS response, as well as to assess the duration of time required to mobilize the response and provide the patient definitive care. The data element is also used to help EMS planners allocate resources by day of week and season of year.

12.

<b>Name of Data Element:</b>	Time of Call (Time Incident Reported)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time call is first received by Public Safety Answering Point (PSAP) or other designated entity.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** When available, the time should be the connect time to the PSAP. HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure two character field widths for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Provides the start point of the EMS response, and allows managers to assess the adequacy of EMS response, identify delays, and plan resources in a manner to provide expeditious EMS response.

*Not Applicable*

This code should be used **only** when the unit cannot obtain the time when the PSAP received the call; however, this element is critical to assessing EMS responses. Agencies should work with their PSAP's and identify a mechanism to track this time.

13.

<b>Name of Data Element:</b>	Dispatched (Time Unit Notified)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time response unit is notified by EMS dispatch.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure two character field widths for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Permits measurement of the actual provider response or delays. Assists planning of communication resources for individual providers and allows identification of system delays following the dispatch component of the EMS system.

*Not Applicable*

This code should be used **only** when the unit cannot obtain the time when the PSAP received the call; however, this element is critical to assessing EMS

responses. Agencies should work with their PSAP's and identify a mechanism to track this time.

14.

<b>Name of Data Element:</b>	Responding (Time Unit Responding)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time that the response unit begins physical motion.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure two character field widths for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Permits measurement of delay between notification of EMS provider and the actual mobilization of the response unit. This data element refers to physical motion of the responding EMS vehicle, and does not refer to individual providers who may respond directly to the scene when notified by individual radio or telephone. For example, if an EMS incident is reported, one provider may be at home or at work and be responsible to go to the station which holds the ambulance. Another provider may be notified and may drive in a private vehicle directly to the scene. The data element entered should be the time that the ambulance actually leaves the station, not the time at which the other provider drives to the scene in the private vehicle.

*Not Applicable*

This code should be used when a unit was placed in service prior to designating a response.

15.

<b>Name of Data Element:</b>	Arrive Scene (Time Arrival at Scene)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time EMS unit stops physical motion at scene (last place that the unit or vehicle stops prior to assessing the patient)
<b>Code:</b>	Time format should be coded as HHMM

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure two character field widths for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Permits measurement of the time required for the response vehicle to go from the station to the scene. This data element refers to the physical motion of the responding EMS vehicle. If an individual EMT arrives at the scene by private vehicle that is NOT the value to be entered in this field. Otherwise, system delays in having an equipped vehicle at the scene will fail to be identified.

*Not Applicable*

This code should be used when a unit was placed in service prior to arriving at the scene.

16.

<b>Name of Data Element:</b>	Arrive Patient (Time of Arrival at Patient)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time response personnel establish direct contact with patient.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure two character field widths for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Desirable in certain situations in which there may be a significant delay between the time at which a response unit arrives at the scene and the time at which the personnel can access the patient. For example, if the providers are prevented from approaching the patient because of fire or adverse conditions, this time will be useful. Search and rescue operations will also note delays between arrival at the overall scene and the actual patient contact.

*Not Applicable*

This code should be used when a unit was placed in service prior to arriving at patient or EMS system does not capture this data element.

17.

<b>Name of Data Element:</b>	Leave Scene (Time Unit Left Scene)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time when the response unit begins physical motion from Scene
<b>Code:</b>	Time format should be coded as HHMM

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure two character field widths for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Permits calculation of scene time by subtracting the time of arrival at scene from the time unit left scene.

*Not Applicable*

This code should be used when a unit was placed in service prior to arriving at the scene.

18.

<b>Name of Data Element:</b>	Arrive Dest (Time Arrival at Destination)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time when patient arrives at destination or transfer point.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure two character field widths for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Permits calculation of the time required to go from the scene to the destination of the response unit. If the patient is transferred from one EMS response unit to another, then the time of arrival at destination for the first responding agency is the time of arrival or patient contact (or both) for the second agency.

*Not Applicable*

This code should be used when a unit does not transport a patient.

19.

<b>Name of Data Element:</b>	Leave Dest. (Time Left Destination)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time response unit leaves destination or transfer point.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure two character field widths for HH and MM. Midnight is coded as 0000 and begins the new day.



**Discussion and Justification:** Permits calculation of time unit remained at destination location.

*Not Applicable*

This code should be used when a unit does not reach destination or EMS system does not capture this data element.

20.

<b>Name of Data Element:</b>	Return Serv (Time Back in Service)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time response unit back in service and available for response.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure two character field widths for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Allows planning of EMS resources. Permits assessment of the delay between arrival at destination and availability of the response unit.

*Not Applicable*

This code should be used **only** when the EMS system does not capture this data element.

21.

<b>Name of Data Element:</b>	Patient's City/County FIPS (Residence)
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient city or township of residence.
<b>Code:</b>	Numeric entry
<b>Data Items:</b> {Five digit FIPS code} Out of State Not Applicable Unknown	

**Content:** This field must be coded using the FIPS system, where in each locality is encoded with a unique number. In Virginia, each FIPS number begins with '51' (i.e. Prince William County is coded as '51153'.) City, town or county FIPS codes are only unique within a state.

See Appendix C for a complete list of VA City/Co FIPS codes.

**Discussion and Justification:** Field may be used for local jurisdiction reports.

*Not Applicable*

This code should be used when the patient has no permanent address.

*Unknown*

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

22.

<b>Name of Data Element:</b>	Patient's Zip Code (Residence)
<b>Priority:</b>	Essential
<b>Definition:</b>	Zip Code of patient's residence.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> {Five digit ZIP code} Not Applicable Unknown	

**Discussion and Justification:** Useful for determining the political entity responsible for potential public health interventions, payment for services, etc.

*Not Applicable*

This code should be used when the patient has no permanent address.

*Unknown*

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

23.

<b>Name of Data Element:</b>	Social Security Number
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's Social Security Number.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> {Nine digit SSN} NA Not Applicable U Unknown	

**Discussion and Justification:** Unique patient identifier.

*Not Applicable*

This code should be used when the patient has no Social Security Number.

*Unknown*

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

24.

<b>Name of Data Element:</b>	Date of Birth
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's date of birth.
<b>Code:</b>	Date format should be coded as <b>MMDDYYYY</b> .

**Content:** For month and day, use leading zeros if necessary to pad the fields to two characters each.

**Discussion and Justification:** Extremely valuable for calculation of accurate age.

*Unknown*

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

25.

<b>Name of Data Element:</b>	Age
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's age or best approximation.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> {Three digits for age} Plus one identifier Years Months Days Unknown	

**Content:** For patients less than one year, specify M (Months) or D (Days) and use leading zeros to pad the field (e.g. six (6) months = 006M). M *Months* for patients less than one year, code age in months. D *Days* for patients less than one month, code age in days. For patients less than 24 hours old, code age as 0 (zero) days.

*Unknown*

This code should be used when the patient's age cannot be approximated due to decomposition, burns, etc. or when information cannot be accurately reconstructed from the run record.

26.

<b>Name of Data Element:</b>	Gender
<b>Priority:</b>	Essential
<b>Definition:</b>	Gender of patient.
<b>Code:</b>	Alphabetic entry.
<b>Data Items:</b> Male Female Not Applicable Unknown	

**Discussion and Justification:** Permits reporting of information by gender.

*Not Applicable*

This code should be used when none of the other codes apply.

*Unknown*

This code should be used when the patient's sex cannot be accurately determined due to decomposition, burns, etc. or when information cannot be accurately reconstructed from the run record.

27.

<b>Name of Data Element:</b>	Race / Ethnicity
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's ethnic origin.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> White, non-Hispanic White, Hispanic Black, non-Hispanic Black, Hispanic American Indian/Alaska Native Asian/Pacific Islander Other Not Applicable Unknown	

**Content:** Data item format taken from the Office of Management and Budget Directive 15. Race and ethnicity have been combined, as the Hispanic or Non-Hispanic indicators primarily apply to Black or White patients. Only **one** Race may be selected.

**Discussion and Justification:** Important to data systems in order to access certain types of Federal or State funds which are directed to specific ethnic groups.

*Other*

This code should be used when race can be determined but is not one of the races specified.

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*Not Applicable*

This code should be used when none of the other codes are appropriate.

*Unknown*

This code should be used when the patient's race cannot be accurately determined due to decomposition, burns, etc. or when information cannot be accurately reconstructed from the run record.

28.

<b>Name of Data Element:</b>	Pre-existing Condition (PEC)
<b>Priority:</b>	Essential
<b>Definition:</b>	Pre-existing medical conditions known to the provider.
<b>Code:</b>	Numeric or Alpha/numeric entry.
<b>Data Items:</b>	
Asthma	Cancer
Diabetes	Hypertension
Tuberculosis	Psychiatric problems
Emphysema	Seizure disorder
Chronic respiratory failure	Tracheostomy
Heart disease	Other
Chronic renal failure	Not applicable
	Unknown

**Discussion and Justification:** Pre-existing conditions may affect the protocols followed by EMS providers. The data element is intended to capture information as understood by EMS providers at the scene, not as defined later in the medical record of the hospital. Thus, if the EMS provider finds out that a patient has several pre-existing conditions after he or she arrives at the hospital, those conditions should **not** be coded in this data element. Up to **five** pre-existing conditions may be selected.

*Other*

This code should be used when a PEC is present but is not one of the conditions specified.

*Not Applicable*

This code should be used to indicate no PEC.

*Unknown*

This code should be used when the patient is unable to communicate or when information cannot be accurately reconstructed from the run record.

29.

<b>Name of Data Element:</b>	Mechanism of Injury
<b>Priority:</b>	Essential
<b>Definition:</b>	External cause of injury.
<b>Code:</b>	Alpha/numeric entry.
<b>Data Items:</b> Aircraft related accident Assault Bicycle accident Bites Burns/thermal/chemical Chemical poisoning Drowning Drug poisoning Electrocution (non-lightning) Excessive cold Excessive heat Falls Firearm injury Lightning Machinery accidents Mechanical suffocation MVC - non-public road/off road MVC - public road Pedestrian traffic accident Radiation exposure Smoke inhalation Sports injury Stabbing Venomous stings (plants, animals) Water transport accident Other Not Applicable Unknown	

**Discussion and Justification:** It is necessary to have a broad taxonomy for defining the external causes of injury and this data element is coded according to the E codes in ICD-9. However, it is recognized that the entire E code list is too cumbersome for field use and the element may be collapsed into the categories which have been listed above. When possible, the E code should be defined in as much detail as is present in the E code definitions. The added detail will provide additional value to injury prevention researchers. It has been traditional to attempt to assign a single E code to individual incidents. Multiple entries, however, aid in gathering better detail about injuries and to eliminate confusion

when the EMS provider must choose between two reasonable E codes. Up to **five** Mechanisms of Injury can be selected.

*Aircraft related accident*

Includes spacecraft.

*Assault*

Includes all forms of non-accidental injury or suspected intentional injury caused by others.

*Bicycle accident*

Includes any pedal cycle accident. Pedal cycle is defined to include bicycles, tricycles and excludes any motorized cycles.

*Bites*

Includes all animal bites, including those from non-venomous snakes and lizards and those bites from animals of unknown venomous nature.

*Burns/thermal/chemical*

Includes burning by fire, asphyxia or poisoning from conflagration (fire, wildfire) or ignition and fires secondary to explosions.

*Chemical poisoning*

Includes accidental poisoning by solid or liquid substances, gases and vapors, which are not included under accidental drug poisoning.

*Drowning*

Accidental drowning not related to watercraft use. Includes swimming accidents, bathtubs, etc.

*Drug poisoning*

Includes accidental poisoning by drugs, medicinal substances or biological products. Extensive codes are available if an agency wishes to collect specific information.

*Electrocution (non-lightning)*

Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail or open electric socket. Excludes lightning, which is coded as 14 Lightning.

*Excessive cold*

Includes cold injury due to weather exposure or cold produced by man, such as in a freezer.

*Excessive heat*

Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. Excludes heat injury from conflagration.

*Falls*

Excludes falls which occur in the context of other external causes of injury, such as fires, falling off boats or falling in accidents involving machinery.

*Firearm injury*

These codes refer to firearm injuries involving handguns, shotguns, hunting rifles, etc.

*Lightning*

Excludes falling of an object secondary to lightning and also excludes injuries from fire secondary to lightning.

*Machinery accidents*

Includes all machinery accidents except when machinery is not in operation. Excludes electrocution.

*Mechanical suffocation*

Includes suffocation in bed or cradle (crib death), closed space suffocation, plastic bag asphyxia, accidental hanging, etc.

*MVC - non-public road/off road*

This includes any motor vehicle crash occurring entirely off public roadways or highways. For instance, a crash involving an all terrain vehicle (ATV) in an off-road location would be a non-traffic crash.

*MVC - public road*

This includes any motor vehicle crash occurring on a public roadway or highway.

*Pedestrian traffic crash*

Motor vehicle crashes in which the patient was a pedestrian struck by a motor vehicle of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, skiers, etc.

*Radiation exposure*

Excludes complications of radiation therapy.

*Smoke inhalation*

Includes smoke and fume inhalation from conflagration.

*Sports injury*

Includes all sports related injuries caused by team member or sports equipment.



***Stabbing***

Includes cuts, punctures or stabs of any part of the body.

***Venomous stings (plants, animals)***

Includes only those bites and stings from snakes, lizards, spiders, scorpion, insects, marine life or plants known to be venomous.

***Water transport accident***

Includes all accidents related to watercraft. Excludes drowning and submersion accidents unless they are related to watercraft use. Thus, if a person falls out of a boat and drowns, it should be coded within this category. If a person drowns in a swimming pool or bathtub, it should be coded as 7 Drowning.

***Other***

This code is provided primarily for situations in which there is a *Mechanism of Injury* that is not included in those listed.

***Not Applicable***

This code should be used in any case where an external injury code does not apply, such as when a patient suffers from chest pain or fever. In nearly all instances where an injury has occurred, this data element should be filled in with a valid code, other than the Not Applicable designation.

***Unknown***

This code is provided primarily for situations in which the data is being entered at a time when the information cannot be accurately reconstructed from the run record. This should be a rare entry.

30.

<b>Name of Data Element:</b>	Injury Description
<b>Priority:</b>	Essential
<b>Definition:</b>	Clinical description of injury type and body site.
<b>Code:</b>	Alphabetic and numeric entry.
<b>Data Items:</b>	
Head only (excluding neck, c-spine & ear)	Swelling / bruising
Face, including ear	Blunt injury
Neck	Laceration
Thorax	Deformity
Abdomen	Puncture / stab
Hand, arm	Gunshot
Foot, leg or bony pelvis	Amputation
Body region unspecified	Crush
Not Applicable	Burn

**Content:** Intended to permit the detailed listing of all injuries sustained by a patient, coded according to injury type and body site of the injury. Multiple entries will be possible. Each injury should be designated by body site and injury type. The most severe **five** injuries should be recorded.

**Discussion and Justification:** This is a crucial data element which will enable EMS planners to know what types of injuries are incurred by patients using the EMS system. The data element will also be of value in assessing the correspondence between injury assessment in the field and actual injuries as evaluated in medical facilities. It is stressed that this data element is supposed to reflect the clinical impression of injury by the EMS provider, not necessarily the final, correct medical diagnosis.

*Not Applicable*

This code should be used if the only description was pain or there was no injury noted.

*Body region unspecified*

This code should be used when the data is being entered at a time when the information cannot be accurately reconstructed from the run record.

31.

<b>Name of Data Element:</b>	Signs and Symptoms Present																										
<b>Priority:</b>	Essential																										
<b>Definition:</b>	Signs and symptoms reported to or observed by provider.																										
<b>Code:</b>	Numeric entry.																										
<b>Data Items:</b> <table> <tr><td>Abdominal pain</td><td>Hypertension</td></tr> <tr><td>Back pain</td><td>Hypothermia</td></tr> <tr><td>Bloody stools</td><td>Nausea</td></tr> <tr><td>Breathing difficulty</td><td>Paralysis</td></tr> <tr><td>Cardioresp. arrest</td><td>Palpitations</td></tr> <tr><td>Chest pain</td><td>Pregnancy / Childbirth / Miscarriage</td></tr> <tr><td>Choking</td><td>Seizures / Convulsions</td></tr> <tr><td>Diarrhea</td><td>Syncope</td></tr> <tr><td>Dizziness</td><td>Unresponsive / unconscious</td></tr> <tr><td>Ear Pain</td><td>Vaginal bleeding</td></tr> <tr><td>Eye Pain</td><td>Vomiting</td></tr> <tr><td>Fever / Hyperthermia</td><td>Weakness (malaise)</td></tr> <tr><td>Headache</td><td>Other</td></tr> </table>		Abdominal pain	Hypertension	Back pain	Hypothermia	Bloody stools	Nausea	Breathing difficulty	Paralysis	Cardioresp. arrest	Palpitations	Chest pain	Pregnancy / Childbirth / Miscarriage	Choking	Seizures / Convulsions	Diarrhea	Syncope	Dizziness	Unresponsive / unconscious	Ear Pain	Vaginal bleeding	Eye Pain	Vomiting	Fever / Hyperthermia	Weakness (malaise)	Headache	Other
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Ear Pain	Vaginal bleeding																										
Eye Pain	Vomiting																										
Fever / Hyperthermia	Weakness (malaise)																										
Headache	Other																										

**Discussion and Justification:** This data element is intended to capture the information provided to or obtained by the EMS provider in order to assess the patient. It is intended that these signs and symptoms be correlated with the

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clinical impression of the EMS provider. This would help EMS managers plan educational programs for the providers. Up to **five** Signs and Symptoms can be selected.

32.

<b>Name of Data Element:</b>	Unused

33.

<b>Name of Data Element:</b>	Systolic/Diastolic Blood Pressure
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's systolic/diastolic blood pressure.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> {Six digit blood pressure} Palpated Not Obtained Unable To	

**Discussion and Justification:** Important component of several scoring systems for triage and permits some assessment of acuity of patient.

*Not Obtained*

This code should be used when blood pressure is not assessed.

*Unable To*

This code should be used when blood pressure cannot be assessed due to a physical barrier.

34.

<b>Name of Data Element:</b>	Pulse Rate
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's palpated or auscultated pulse rate expressed in number per minute.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> {Three digit pulse rate} Not Obtained Unable To	

**Discussion and Justification:** The pulse rate is a component of various triage scoring systems and permits a rough assessment of the severity of illness of the patient. This data element is based on the physical examination of the patient,

and the pulse must be palpated or auscultated. An electrical rhythm is not sufficient, as the patient could have electromechanical dissociation (EMD) or Pulseless Electrical Activity (PEA). In this instance, the correct value of this data element is '000'.

*Not obtained*

This code should be used when the pulse rate is not assessed.

*Unable To*

This code should be used when the pulse rate cannot be assessed due to a physical barrier.

35.

<b>Name of Data Element:</b>	Respiratory Rate
<b>Priority:</b>	Essential
<b>Definition:</b>	Unassisted patient respiratory rate expressed as number per minute.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> {Two digit respiratory rate} Not Obtained Unable To	

**Discussion and Justification:** Component of several triage scoring systems and provides some assessment of severity of illness or injury. The patient's respiratory rate should be indicated. If a patient is not breathing and requires artificial ventilation, this data element should be coded as '00'. **Do not indicate the assisted ventilation rate.**

*Not obtained*

This code should be used when the respiratory rate is not assessed.

*Unable To*

This code should be used when the respiratory rate cannot be assessed due to a physical barrier.

36.

<b>Name of Data Element:</b>	Respiratory Effort
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient respiratory effort.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> Normal Increased, not labored Increased/labored OR Decreased/fatigued Absent Not Obtained	

**Content:** Respiratory effort should indicate patient's ventilatory effort.

**Discussion and Justification:** Component of several triage scoring systems and provides some assessment of severity of illness or injury. If a patient is not breathing and requires artificial ventilation, this data element should be coded as Absent. (Lung sound assessment should be documented in the narrative.)

*Not obtained*

This code should be used when the respiratory effort is not assessed.

37.

<b>Name of Data Element:</b>	Skin Perfusion
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient skin perfusion, expressed as normal or decreased
<b>Code:</b>	Numeric entry
<b>Data Items:</b> Normal Decreased Not obtained	

**Discussion and Justification:** Normal is defined as warm, pink and with a capillary refill time of two seconds or less. Decreased is defined as cool, pale, mottled, dusky and with a capillary refill time of greater than two seconds. (Terms describing skin condition i.e. pale, moist, etc. should be documented in the narrative.) If the patient is hypothermic or febrile, this may affect skin perfusion. However, the skin perfusion should be scored consistently as defined.

*Not obtained*

This code should be used when skin perfusion is not assessed.

38.

<b>Name of Data Element:</b>	Glasgow Eye Opening Component
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's eye opening component of the Glasgow Coma Scale.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> None Opens eyes in response to painful stimulation Opens eyes in response to verbal stimulation Opens eyes spontaneously Not obtained	

**Discussion and Justification:** One of three components of the Glasgow Coma Scale (GCS), which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

*Not obtained*

This code should be used when this component of the GCS is not assessed.

39.

<b>Name of Data Element:</b>	Glasgow Verbal Component
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's verbal component of the Glasgow Coma Scale.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> <u>For patients &gt;5years:</u> None Non-specific sounds Inappropriate words Confused conversation or speech Oriented and appropriate speech <u>For patients 2-5 years:</u> None Grunts Cries and/or screams Inappropriate words Appropriate words <u>For patients 0-23 months:</u> None Persistent cry, grunting Inappropriate cry Cries, inconsolable Smiles, coos, cries appropriately Not obtained	

**Content:** If the patient is intubated and deeply comatose, then this data element is coded as one for none, since there was no verbal response at the time of intubation. However, if the patient is intubated, but not deeply comatose and there is a possibility of verbal response, it is difficult to apply the Glasgow coma Scale (GCS). The EMS provider can ask questions and if the patient can nod his head or blink eyes, etc. appropriately, then this element is coded as 05 Oriented and appropriate speech.

**Discussion and Justification:** One of three components of the Glasgow Coma Scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

*Not obtained*

This code should be used when this component of the GCS is not assessed.

40.

<b>Name of Data Element:</b>	Glasgow Motor Component
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's motor component of the Glasgow Coma Scale.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> <u>For patients &gt;5 years:</u>  None Extensor posturing in response to painful stimulation Flexor posturing in response to painful stimulation General withdrawal in response to painful stimulation Localization of painful stimulation Obeys commands with appropriate motor response  <u>For patients up to 5 years:</u>  None Extensor posturing in response to painful stimulation Flexor posturing in response to painful stimulation General withdrawal in response to painful stimulation Localization of painful stimulation Spontaneous Not obtained	

**Content:** This component cannot be assessed if the patient has received a muscle relaxant.

**Discussion and Justification:** One of three components of the Glasgow Coma Scale (GCS), which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

*Not obtained*

This code should be used when this component of the GCS is not assessed.

41.

<b>Name of Data Element:</b>	Time of Witnessed Cardiac Arrest
<b>Priority:</b>	Essential
<b>Definition:</b>	Time of witnessed cardiac arrest.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Unknown values should be coded as 99 for HH or MM. Use leading zeros to assure a two character field width for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Allows assessment of actual total arrest time in patients with cardiac arrest. This information is valuable for researchers and educators concerned with CPR training.

*Not Applicable*

This code should be used when there is no need for CPR given the condition of the patient.

42.

<b>Name of Data Element:</b>	Time of First CPR
<b>Priority:</b>	Essential
<b>Definition:</b>	Best estimate of time of first CPR.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Unknown values should be coded as 99 for HH or MM. Use leading zeros to assure a two character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

**Discussion and Justification:** Permits assessment of the duration of cardiopulmonary resuscitation prior to arrival of EMS provider. Useful for research purposes and for planning public education concerning CPR.

*Not Applicable*

This code should be used when there is no need for CPR given the condition of the patient.



43.

<b>Name of Data Element:</b>	Provider of First CPR
<b>Priority:</b>	Essential
<b>Definition:</b>	Person who performed first CPR on patient.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b>	Bystander Responder Not Applicable Unknown

**Discussion and Justification:** Useful for assessing the occurrence of CPR rendered by initial responders to a cardio respiratory arrest, for planning public educational efforts, etc.

*Not Applicable*

This code should be used when there is no need for CPR given the condition of the patient or when it is known that there wasn't any CPR rendered.

*Unknown*

This code should be used when CPR is performed but who performed it cannot be determined or when data is being entered long after the actual incident and the information cannot be accurately reconstructed from the run record.

44.

<b>Name of Data Element:</b>	Time of First Defibrillatory Shock
<b>Priority:</b>	Essential
<b>Definition:</b>	Time of First Defibrillatory Shock.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** Time format should be coded as HHMM. HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure a two character field width for HH and MM. Midnight is coded as 0000 and begins the new day.

**Discussion and Justification:** Allows assessment of the time required between onset of cardiac arrest and provision of defibrillation in instances of ventricular fibrillation. Provides information about the rapidity with which the EMS provider correctly diagnoses the rhythm and takes action.

*Not Applicable*

This code should be used when there is no need for defibrillation given the condition of the patient.

45.

<b>Name of Data Element:</b>	Provider of First Defib
<b>Priority:</b>	Essential
<b>Definition:</b>	Person who performed first defib on patient.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> Bystander Responder Not Applicable Unknown	

**Discussion and Justification:** Useful for assessing the defibrillation rendered by initial responders to a cardio respiratory arrest, for planning public educational efforts, etc.

*Responder*

This code should be used for all levels of Virginia certified providers including those personnel trained under the AED certification program.

*Not Applicable*

This code should be used when there is no need for defibrillation given the condition of the patient or when it is known that there was no defibrillation rendered.

*Unknown*

Unknown should be used when defibrillation is performed but who performed it cannot be determined or when the data is being entered long after the actual incident and the information cannot be accurately reconstructed from the run record.

46.

<b>Name of Data Element:</b>	Defib Device
<b>Priority:</b>	Essential
<b>Definition:</b>	Type of device used for initial patient defib.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b> AED Manual Not Applicable Unknown	

**Discussion and Justification:** Useful for assessing the occurrence of defibrillation rendered by initial responders to a cardio respiratory arrest, for planning public educational efforts, etc.

*Not Applicable*

This code should be used when there is no need to use a defib device given the condition of the patient or when it is known that there was no defib device used.

*Unknown*

This code should be used when defibrillation is performed but the device used cannot be determined or when the data is being entered long after the actual incident and the information cannot be accurately reconstructed from the run record.

47.

<b>Name of Data Element:</b>	Time CPR Discontinued
<b>Priority:</b>	Essential
<b>Definition:</b>	Time at which medical control or responding EMS unit terminated resuscitation efforts (chest compressions and CPR) in the field.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure a two character field width for HH and MM. Midnight is coded as 0000 and begins the new day. This data element is undefined if CPR was never administered.

**Discussion and Justification:** Provides information concerning the duration of CPR in the field in cases in which the patient was pronounced dead in the field.

*Not Applicable*

**This code should be used when CPR is continued at the Hospital.**

48.

<b>Name of Data Element:</b>	Time Circulation Returned
<b>Priority:</b>	Essential
<b>Definition:</b>	Time of restored palpable pulse following resuscitation in the field.
<b>Code:</b>	Time format should be coded as HHMM.

**Content:** Time format should be coded as HHMM. HH ranges from 00 to 23; MM ranges from 00 to 59. Use leading zeros to assure a two character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

**Discussion and Justification:** Allows assessment of the time required between provision of defibrillation in instances of ventricular fibrillation and return of palpable pulse.

*Not Applicable*

This code should be used when no resuscitation is performed or circulation was not returned in the field or CPR was discontinued in the field.

49.

<b>Name of Data Element:</b>	EKG Initial (Initial Cardiac Rhythm)
<b>Priority:</b>	Essential
<b>Definition:</b>	Initial monitored cardiac rhythm as interpreted by EMS Personnel.
<b>Code:</b>	Numeric entry,
<b>Data Items:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> I/L Sinus rhythm  I/L Other rhythm from 60-100  (not otherwise listed)  I/L Paced rhythm  I/L Bradycardia  I/L Extrasystoles </div> <div style="width: 50%;"> I/L Narrow complex tachycardia  I/L Wide complex tachycardia  I/L Ventricular fibrillation  I/L Asystole  I/L Pulseless electrical activity  I/L Other  N/A Not Applicable </div> </div>	

**Content:** I = Initial, L = Last.

**Discussion and Justification:** Provides the initial monitored rhythm, permitting reports generated according to initial rhythm. Such reports would be of use in assessing the survival rate after certain rhythms. It is understood that some agencies collect data about cardiac rhythms with more detail than this list. For instance, many agencies expect EMS personnel to distinguish first, second and third degree heart block. There is no intention to restrict the manner in which any agencies decide to code cardiac rhythms, but there is a necessity to be able to collapse those rhythms to a common definition which can then be combined. For the examples of heart block mentioned, those would all collapse into a wide or narrow complex tachycardia (if the rate is > 100), other rhythm between 60 and 100 or bradycardia, if heart rate < 60.

*Not Applicable*

This code should be used when the EMS provider is not an appropriate level provider to assess electrical rhythm or if electrical monitoring is unavailable to the provider.

50.

<b>Name of Data Element:</b>	EKG Last (Rhythm at Destination)														
<b>Priority:</b>	Essential														
<b>Definition:</b>	Monitored cardiac rhythm upon arrival at destination.														
<b>Code:</b>	Numeric entry.														
<b>Data Items:</b> <table border="0"> <tr> <td>I/L Sinus rhythm</td><td>I/L Narrow complex tachycardia</td></tr> <tr> <td>I/L Other rhythm from 60-100 (not otherwise listed)</td><td>I/L Wide complex tachycardia</td></tr> <tr> <td>I/L Paced rhythm</td><td>I/L Ventricular fibrillation</td></tr> <tr> <td>I/L Bradycardia</td><td>I/L Asystole</td></tr> <tr> <td>I/L Extra systoles</td><td>I/L Pulseless electrical activity</td></tr> <tr> <td></td><td>I/L Other</td></tr> <tr> <td></td><td>N/A Not Applicable</td></tr> </table>		I/L Sinus rhythm	I/L Narrow complex tachycardia	I/L Other rhythm from 60-100 (not otherwise listed)	I/L Wide complex tachycardia	I/L Paced rhythm	I/L Ventricular fibrillation	I/L Bradycardia	I/L Asystole	I/L Extra systoles	I/L Pulseless electrical activity		I/L Other		N/A Not Applicable
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I/L Other rhythm from 60-100 (not otherwise listed)	I/L Wide complex tachycardia														
I/L Paced rhythm	I/L Ventricular fibrillation														
I/L Bradycardia	I/L Asystole														
I/L Extra systoles	I/L Pulseless electrical activity														
	I/L Other														
	N/A Not Applicable														

**Content:** I = Initial, L = Last.

**Discussion and Justification:** Captures the electrical rhythm at the time of arrival at a destination or last rhythm before cardiac monitor was removed in the field, as previously defined. Reports could examine whether this rhythm differs from the initial rhythm of the patient when encountered in the field, whether there was improvement or deterioration, etc. If an EMS provider is not equipped with electrical monitoring capability or is not of an appropriate level to assess rhythm, this field should be coded as Not Applicable.

*Not Applicable*

This code should be used when the EMS provider is not an appropriate level provider to assess electrical rhythm, or if electrical monitoring is unavailable to the provider.

51.

<b>Name of Data Element:</b>	Procedure or Treatment Name
<b>Priority:</b>	Essential
<b>Definition:</b>	Identification of procedure attempted or performed on patient.
<b>Code:</b>	Numeric entry.
<b>Data Items:3</b>	

*Assisted ventilation (BVM)*  
*Assisted ventilation (positive pressure)*  
*Chest Decompression*  
*Cricothyrotomy*  
*EGTA/EOA/PTL*  
*ET*  
*Nasal airway*

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*NG Tube*  
*Oral airway*  
*Oxygen - Cannula*  
*Oxygen - Mask*  
*Backboard*  
*Bleeding controlled*  
*Burn care*  
*CPR*  
*ECG monitoring*  
*External defibrillation/cardio version (includes AED)*  
*Immobilization - Extremity*  
*Immobilization - Spine*  
*Immobilization - Traction Splint*  
*Intravenous catheter*  
*Intraosseous catheter*  
*Intravenous fluids*  
*MAST/PASG (shock)*  
*Medication Administration*  
*Obstetrical care (delivery)*  
*Pacing*  
*Other*  
*Not Applicable*

**Discussion and Justification:** Intended to provide planners and educators with information about which procedures are conducted in the field, by whom and for what indications. Procedures are defined here as anything done by way of assessment or treatment of the patient. Thus, application of a cervical collar is a treatment, use of a cardiac monitor is a tool of assessment and drawing blood tubes is neither a specific treatment nor a means of field assessment. All of these would be considered procedures for purposes of this data element. The procedures listed above are not a restrictive list, nor is it expected that every agency will permit its providers to carry out all of these procedures. The coding system used above is the ICD-9 Procedure Classification (p codes). **All Procedures or Treatments performed** on the patient should be specified.

*Other*

This code should be used when none of the codes listed can be applied; however, a procedure was performed.

*Not Applicable*

This code should be used when no procedures are performed.

52.

<b>Name of Data Element:</b>	Treatment Authorization
<b>Priority:</b>	Essential
<b>Definition:</b>	Indicates the type, if any, of treatment authorization.
<b>Code:</b>	Numeric entry.
<b>Data Items</b> Standing Orders On-Line (Radio/Telephone) On-Scene Transfer Orders (Patient Specific) DDNR (Durable Do Not Resuscitate) Not Applicable Unknown	

**Discussion and Justification:** Enables managers of EMS systems to determine the authorization type used for emergency medical care provided on specific EMS runs. This data may be used for determining legal accountability and for auditing the supervision of EMS systems. Only the **single highest level** of authorization obtained for patient treatment should be selected.

*Standing Orders*

Pre-established physician authorized procedures or guidelines for medical care of a specified clinical situation, based on patient presentation. Also known as protocol. The pre-establishment of protocols is the responsibility of a physician having responsibility for medical direction of an EMS system.

*On-line (Radio/Telephone)*

Immediate physician orders to EMS provider through direct telecommunications such as radio or telephone. Also known as *on-line medical direction*.

*On-Scene*

Immediate orders to an EMS provider by a physician at the scene of the medical emergency who has officially assumed responsibility for the management of the prehospital care of the patient.

*Transfer Orders (Patient Specific)*

Written orders by a physician responsible for the medical care of the patient, provided specifically for the patient's transport. The orders must accompany the patient, must be in writing and must be signed by the responsible physician. Also known as *advanced medical directions*.

*Durable Do Not Resuscitate*

Used in respiratory/cardiac arrest situations when resuscitation efforts were withheld due to a valid DDNR order.

*Not Applicable*

Citation of authorization is Not Applicable or indicated, such as in cases where no medical treatments are provided or no treatments requiring explicit physician authorization are administered.

*Unknown*

Applicable authorization for treatment not recorded or not known by the EMS provider, such as cases where prehospital skills and treatments are applied by an EMS provider based on his training and experience, without knowledge of the existence of applicable protocols. This is a default data entry, to be used when none of the other codes apply.

53.

<b>Name of Data Element:</b>	Motor Vehicle Impact
<b>Priority:</b>	Essential
<b>Definition:</b>	Motor Vehicle Impact site during collision.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b>	
Head-on	Rollover
Lateral	Rotation
Ejection	N/A (Not Applicable)
Rear	Unknown

**Discussion and Justification:** Provides important information about the site of collision during a Motor Vehicle Impact which can be used to predict injury patterns. Data will be of use for corroboration of police reports concerning crashes. Up to **five** Motor Vehicle Impact sites can be selected.

*Not Applicable*

This code should be used when the data element "Mechanism of Injury" is not related to a Motor Vehicle.

*Unknown*

This code should be used when the data element "Mechanism of Injury" is related to a Motor Vehicle but the Impact Site cannot be determined.



54.

<b>Name of Data Element:</b>	Safety Equipment
<b>Priority:</b>	Essential
<b>Definition:</b>	Safety equipment in use by patient at time of injury.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b>	
None used	Helmet
Shoulder belt only	Eye protection
Lap belt only	Protective clothing/gear
Shoulder and lap belt	Pers float device
Child safety seat	N/A (Not Applicable)
Airbag deployed	Unknown

**Discussion and Justification:** Provides important information about safety device use. Data will be of use for corroboration of police reports concerning crashes. Up to **five** types of Safety Equipment can be selected.

*None used*

This code should be used if the EMS provider knows that no safety device was employed.

*Not Applicable*

This code should be used when safety equipment was not indicated.

*Unknown*

This code should be used when the EMS provider has no information about safety device use and cannot obtain such information from the patient or witnesses.

55.

<b>Name of Data Element:</b>	Level of Care Provided
<b>Priority:</b>	Essential
<b>Definition:</b>	Type of care rendered by personnel regardless of level.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b>	
BLS	
ALS	
Not Applicable	

**Discussion and Justification:** Provides important information about the highest level of care rendered. Data will be of use for corroboration of police reports concerning crashes.

*Not Applicable*

This code should be used when neither BLS nor ALS care was rendered to the patient.

56.

<b>Name of Data Element:</b>	Destination Transferred
<b>Priority:</b>	Essential
<b>Definition:</b>	Health Care Facility or prehospital agency that received patient from EMS provider providing this record.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b>	
Home	Other EMS responder (air)
Police/jail	Hospital
Medical Office/clinic	Morgue
Other EMS responder (ground)	Not Applicable

**Discussion and Justification:** Allows reporting by destination facilities, and allows linking when a patient is transferred between EMS agencies.

*Not Applicable*

This code should be used when none of the other codes apply.

57.

<b>Name of Data Element:</b>	Destination Determination
<b>Priority:</b>	Essential
<b>Definition:</b>	Reason a transport destination was selected.
<b>Code:</b>	Numeric entry.
<b>Data Items:</b>	
Closest Facility	Protocol
Patient/Family Choice	Specialty Resource Center
Patient Physician Choice	On-line Medical Direction
Managed Care	Diversion
Law Enforcement Choice	Other
	Not Applicable

**Discussion and Justification:** Helps EMS managers to determine whether the choice of destination is appropriate. Items which are defined as patient, physician or family choice are of interest to determine whether a trauma or referral system is functioning well or is frequently overridden by non-medical issues. Only **one** Destination should be specified.

58.

<b>Name of Data Element:</b>	Receiving Facility
<b>Priority:</b>	Essential
<b>Definition:</b>	Specific health care facility or pre-hospital agency that received the patient from the EMS provider providing this record.
<b>Code:</b>	Numeric entry.
Data Items {Five digit facility number} Unknown	

**Discussion and Justification:** This element consists of a unique five position OEMS assigned facility number or EMS agency number. Allows reporting by receiving facilities and allows linkage when a patient is transferred between EMS agencies.

See Appendix D for a complete list of EMS agency numbers.

See Appendix E for a complete list of facility numbers

This data element is very valuable for linking databases. For instance, when an EMS provider indicates a specific hospital identifier, this can greatly facilitate linkage to outpatient and inpatient facility records. This data element is used in conjunction with the data element "Destination Transferred" to indicate the specific receiving facility.

Unknown

This code should be used if the specific facility number is not known. The OEMS Web site maintains an up-to-date listing of facility numbers. **Unknown should be a rare entry.**

59

<b>Name of Data Element:</b>	Clinical Assessment
<b>Priority:</b>	Essential
<b>Definition:</b>	Provider's clinical evaluation which led to the management given to the patient (treatment, medications, procedures).
<b>Code:</b>	Numeric entry.
<b>Data Items</b> Abdominal pain / problems Airway obstruction Allergic reaction Altered level of consciousness Behavioral / psychiatric disorder Cardiac arrest	

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Cardiac rhythm disturbance  
Chest pain / discomfort  
Diabetic  
Electrocution  
Hyperthermia  
Hypothermia  
Hypovolemia / shock  
Inhalation injury (toxic gas)  
Obvious death  
Poisoning / drug ingestion  
Pregnancy / OB delivery  
Respiratory arrest  
Respiratory distress  
Seizure  
Smoke inhalation  
Stings / venomous bites  
Stroke / CVA  
Syncope / fainting  
Traumatic injury  
Vaginal hemorrhage  
General Illness  
Other  
Unknown

**Discussion and Justification:** This data element identifies the **primary** findings of the patient survey that drove the EMS provider to choose a particular plan of therapy and management. Up to **five** Clinical Assessments can be specified.

It should be noted that this coding system differs from current systems. For instance, many EMS data sets include the entity, Animal Bite. In the uniform data set, such an entry should be coded in this field as a Traumatic Injury. The site of injury should be indicated in the injury field, showing the type (laceration or puncture) and site of the bite itself. In addition, the Mechanism of Injury should be coded as Bites as discussed under the data element, Mechanism of Injury. For another example, Sexual Assault is coded in this data element in the same manner as a Traumatic Injury, but the Mechanism of Injury would be coded as Assault. The reason for using this approach is to avoid overlapping, duplicative codes that are not attached to a general taxonomy such as ICD9. Such codes would become agency specific and would not be flexible enough to permit combining data from different agencies.

*Abdominal pain / problems*

Includes acute abdomen, painful abdomen, cramps, etc. Does not include abdominal trauma.

*Airway obstruction*

Includes choking, swelling of neck, croup, epiglottitis, foreign body in airway, etc.

*Allergic reaction*

Includes reactions to drugs, plants, insects, etc. Category includes hives, urticaria, wheezing and so forth when suspected of being related to allergy.

*Altered level of consciousness*

Refers to patients with any alteration of consciousness, including patients who appear to be substance abusers or under the influence of drugs or alcohol.

*Behavioral / psychiatric disorder*

Includes all situations in which a behavioral or psychiatric problem was considered the major problem for the EMS provider.

*Cardiac arrest*

All instances in which cardiac arrest occurred, and either death was pronounced immediately or external cardiac massage was instituted.

*Cardiac rhythm disturbance*

Includes any rhythm disturbance that was noted on physical examination or with a cardiac monitor, when the rhythm was the major clinical reason for care rendered by the EMS provider.

*Chest pain / discomfort*

Includes patients with complaint of chest pain, including pain felt related to heart disease, upset stomach or muscle pain in the chest wall. If an agency has different protocols for different types of chest pain, then this code should be separated out according to the types of protocols.

*Diabetic*

Relates to patients with symptoms relatable to diabetes, generally when there is a history of diabetes in the patient. The major symptom is hypoglycemia, but in circumstances where diabetes is known to exist, this category can include ketoacidosis, as well as other complications of diabetes.

*Electrocution*

Instances of electrocution. Please note that the proper code should be entered in the "Mechanism of Injury" data element.

*Hyperthermia*

When hyperthermia is the major clinical assessment driving EMS provider care.

*Hypothermia*

Usually relates to environmental hypothermia, such as following submersion in cold water, avalanches or other environmental exposure situations.

*Hypovolemia / shock*

Patients with clinical shock, usually felt to be hypovolemic. All patients considered to have shock by EMS providers should be coded with this code, as it is relatively difficult to identify other less common forms of shock outside the hospital setting.

*Inhalation injury (toxic gas)*

Excludes smoke inhalation.

*Obvious death*

Patients who were dead at the scene and no therapies were undertaken.

*Poisoning / drug ingestion*

Includes drug ingestions that are inappropriate drugs or overdoses, as well as poisonings from chemicals. Toxic gases should be coded as "14 Inhalation injury". Venomous bites or stings should be coded as "22 Stings".

*Pregnancy / OB delivery*

Includes all aspects of obstetric care rendered in the prehospital setting. This ICD code is the closest approximation for such a general category.

*Respiratory arrest*

Instances in which the patient stops breathing. These patients always require ventilatory support on at least a temporary basis.

*Respiratory distress*

Includes patients with respiratory distress who continue to have spontaneous breathing and never suffer respiratory arrest. These patients may require ventilatory support.

*Seizure*

Includes major and minor motor seizures.

*Smoke inhalation*

Smoke inhalation encountered in conflagration setting. The "Mechanism of Injury" data element should include the proper code.

*Stings / venomous bites*

Includes poisonous snakes, insects, bees, wasps, ants, etc. If an allergic reaction occurs and predominates the clinical situation, then the clinical assessment should be coded as an allergic reaction rather than a sting or bite,

since the code in the "Mechanism of Injury" data element will further clarify the cause.

*Stroke / CVA*

Cardiovascular accidents, strokes, TIA.

*Syncope / fainting*

Fainting is the major clinical assessment, even though the patient may be fully awake at the time of EMS evaluation.

*Traumatic injury*

All patients in whom traumatic injury is the major reason for the EMS action. Includes injuries such as animal bites. The site of injury should be indicated in the "Injury Description" field described earlier in this dictionary, showing the type (laceration or puncture) and site of the bite itself. In addition, the "Mechanism of Injury" should be coded as "15 Bites" as discussed under the data element "Mechanism of Injury". For another example, Sexual Assault is coded in this data element in the same manner as a Traumatic Injury, but the "Mechanism of Injury" would be coded as "25 Assault".

*Vaginal hemorrhage*

Refers to abnormal vaginal bleeding in sufficient amount to have driven the EMS response. When pregnancy is involved, vaginal hemorrhage should be coded when the hemorrhage itself was the major concern to the EMS provider. When childbirth or other obstetric issues are more important, then this data element should be coded as "17 Pregnancy/OB delivery".

*General Illness*

Refers to non-specific complaints of sickness.

*Other*

This code should be used when none of the codes listed can be applied; however, there is enough information for a clinical assessment to be made by the EMS provider. This should be a very rarely used code.

*Unknown*

This code should be used when there is not enough information on the run sheet to determine the clinical assessment of the EMS provider. This should be a very rarely used code.

60.

<b>Name of Data Element:</b>	Units Responding
<b>Priority:</b>	Desirable
<b>Definition:</b>	Number of EMS permitted vehicles that respond to an EMS incident.
<b>Code:</b>	Numeric entry.

**Discussion and Justification:** This data element is used to track entry of multiple vehicles on the same PPCR form thus reducing the need to complete separate PPCR forms for each additional vehicle. Each vehicle that responds to an EMS Incident should be included in this number.

61.

<b>Name of Data Element:</b>	Type of Call												
<b>Priority:</b>	Desirable												
<b>Definition:</b>	Type of event the EMS provider encounters on scene.												
<b>Code:</b>	Numeric entry.												
<b>Data Items:</b> <table> <tr> <td>Accident/Industrial/Construction</td><td>Mutual Aid</td></tr> <tr> <td>Accident/MVC</td><td>Public Service</td></tr> <tr> <td>Assault</td><td>Standby</td></tr> <tr> <td>Fire</td><td>Transport/Routine</td></tr> <tr> <td>Injury Not Listed</td><td>Other</td></tr> <tr> <td>Medical Emergency</td><td></td></tr> </table>		Accident/Industrial/Construction	Mutual Aid	Accident/MVC	Public Service	Assault	Standby	Fire	Transport/Routine	Injury Not Listed	Other	Medical Emergency	
Accident/Industrial/Construction	Mutual Aid												
Accident/MVC	Public Service												
Assault	Standby												
Fire	Transport/Routine												
Injury Not Listed	Other												
Medical Emergency													

**Discussion and Justification:** This data element describes the type of event that the EMS provider encounters at the scene of the EMS incident.